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10-22-01

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Attorney Docket No.	8304M
First Inventor	James Earl Trout
Assignee	The Procter & Gamble Co.
Title	Reduced Saturated Fat Lipid-Based Fillings
Express Mail Label No.	EK952553171US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status
(see 37 CFR §1.27)</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages [23]
(preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets <input type="checkbox"/></p> <p>5. Oath or Declaration Total pages [2]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 18 complete)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTORS
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR §§1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
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ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. 1

Prior application information:

Examiner: _____

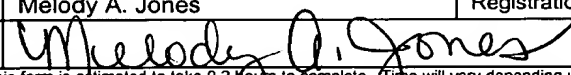
Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here
27752)

Name (Print/Type)	Melody A. Jones	Registration No. (Attorney/Agent)	44,175
Signature		Date	October 18, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number	
Confirmation Number	
Filing Date	October 18, 2001
First Named Inventor	James Earl Trout
Examiner Name	
Group/Art Unit	
Attorney Docket No.	8304M

TOTAL AMOUNT OF PAYMENT (\$ 1,020.00

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- ☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION

BASIC FILING FEE - Large Entity

Code	(\$)	Fee Description	Fee Paid
101	740	Utility filing fee	<input checked="" type="checkbox"/>
106	330	Design filing fee	<input type="checkbox"/>
108	740	Reissue filing fee	<input type="checkbox"/>
114	160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1)

(\$)[740]

2. EXTRA CLAIM FEES - Large Entity

		Extra	Fee from	Fee
		Claims	Below	Paid
Total Claims	[10] - 20** =	[0] x	<input type="checkbox"/>	= [0]
Independent Claims	[3] - 3** =	[0] x	<input type="checkbox"/>	= [0]
Multiple Dependent			[280]	= [280]

** or number previously paid, if greater; For Reissues, see below

Code	(\$)	Fee Description
103	18	Claims in excess of 20
102	84	Independent claims in excess of 3
104	280	Multiple dependent claim, if not paid
109	84	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2)

(\$)[280]

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Code	(\$)	Fee Description	Fee Paid
105	130	Surcharge-late filing fee or oath	<input type="checkbox"/>
127	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
139	130	Non-English specification	<input type="checkbox"/>
147	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
112	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
113	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
115	110	Extension for reply within 1 st month	<input type="checkbox"/>
116	400	Extension for reply within 2 nd month	<input type="checkbox"/>
117	920	Extension for reply within 3 rd month	<input type="checkbox"/>
118	1,440	Extension for reply within 4 th month	<input type="checkbox"/>
128	1,960	Extension for reply within 5 th month	<input type="checkbox"/>
119	320	Notice of Appeal	<input type="checkbox"/>
120	320	Filing a brief in support of an appeal	<input type="checkbox"/>
121	280	Request for oral hearing	<input type="checkbox"/>
138	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
140	110	Petition to revive - unavoidable	<input type="checkbox"/>
141	1,280	Petition to revive - unintentional	<input type="checkbox"/>
142	1,280	Utility issue fee (or reissue)	<input type="checkbox"/>
143	460	Design issue fee	<input type="checkbox"/>
122	130	Petitions to the Commissioner	<input type="checkbox"/>
123	50	Petitions related to provisional applications	<input type="checkbox"/>
126	180	Submission of Information Disclosure Statement	<input type="checkbox"/>
146	740	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
149	740	For each additional invention to be examined (37 CFR §1.129(b))	<input type="checkbox"/>
179	740	Request for Continued Examination (RCE)	<input type="checkbox"/>
169	900	Request for expedited examination of a design application	<input type="checkbox"/>
091	1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
		Other fee (specify) _____	<input type="checkbox"/>
		Other fee (specify) _____	<input type="checkbox"/>

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3)

(\$) [0]

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Melody A. Jones	Registration No. (Attorney/Agent)	44,175	Telephone	(513) 634-6944
Signature	<i>Melody A. Jones</i>	Date	October 18, 2001		

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